

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 584498

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
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49							
50							
TOTAL IND.		↓	8	↓		↓	
TOTAL DEP.	←		11	←		←	
TOTAL CLAIMS			19				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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97							
98							
99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.	←		←	←		←	
TOTAL CLAIMS							